



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing/clinical information, familial variants, and family history. To help provide the best possible service, supply the information requested below and send this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 507-284-1759. For more information regarding this form, contact the Genetic Counselors at 800-533-1710 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu.

Patient Information

Form with fields for Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information

Form with fields for Referring Provider Name (Last, First), Phone, Fax*, Genetic Counselor Name (Last, First), Phone, and Fax*.

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing/Clinical Information

Form with fields for Patient's Clinical Status (Symptomatic, Asymptomatic) and a space for symptoms/clinical history.

Mutation/Variant Information

Form with instructions and a table for recording variant information (Variant, Gene, Transcript, Exon/Intron, Amino Acid, cDNA, gDNA). Includes checkboxes for nucleotide substitution and large deletion/duplication.

**Note: Analysis of regions surrounding the familial variant may be required and may result in the identification of additional sequence variants.

Family History

Form with fields for family member names and birth dates, and a space to indicate the family member's relationship to the patient.

Important: Attach a copy of the proband's genetic test result and a detailed pedigree, if available.